

To:  
Federally Qualified  
Health Centers  
Nurse Midwives  
Nurse  
Practitioners  
Physician  
Assistants  
Physician Clinics  
Physicians  
Rural Health  
Clinics  
HMOs and Other  
Managed Care  
Programs

## Reimbursement Changes for Provider-Administered Drug Codes

Effective for dates of service on and after October 1, 2005, Wisconsin Medicaid will adopt a new reimbursement methodology for provider-administered drugs. Separate reimbursement will be allowed for administering drugs.

### Reimbursement Changes

Effective for dates of service (DOS) on and after October 1, 2005, Wisconsin Medicaid will adopt a new reimbursement methodology for provider-administered drugs. The new reimbursement rates for single-source (brand name) drugs will be based on the average sales price. Reimbursement rates for multiple-source (generic) drugs will be based on the maximum allowed cost for the drug. Previously, Wisconsin Medicaid based reimbursement rates for provider-administered drugs on average wholesale price methodology.

### Provider-Administered Drug Procedure Codes

The physician maximum allowable fee schedule contains the most current allowable provider-administered drug procedure codes. Providers may refer to the Medicaid Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/) for the most current fee schedule or call Provider Services at (800) 947-9627 or (608) 221-9883 for coverage information.

### Reimbursement for Administration Component

Previously, reimbursement for provider-administered drugs included reimbursement for administering the drug. The new reimbursement methodology allows separate reimbursement for the administration component, except for vaccines. Effective for DOS on and after October 1, 2005, providers should use the appropriate administration procedure code from the list in the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for provider-administered drugs. The procedure codes in the Attachment replace *Current Procedural Terminology* administration procedure codes 90780-90782, 90784, and 96400-96414.

Administration of a drug may only be reimbursed once per drug, unless otherwise noted in the procedure code description.

*Note:* Separate reimbursement for the procedure codes related to the administration component does not apply to vaccines. Reimbursement for vaccine procedure codes will continue to include reimbursement for the vaccine component, when applicable, *and* the administration component. Refer to the Physician Services Handbook for more information on immunizations.

## Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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# ATTACHMENT

## Drug Administration Procedure Codes

The following is a list of drug administration procedure codes. Refer to the physician maximum allowable fee schedule for the most current allowable codes.

*Note:* For vaccines, reimbursement for the vaccine procedure code continues to include reimbursement for the vaccine component, when applicable, *and* the administration component. Providers will not be separately reimbursed for administration of vaccines.

Procedure Code	Description	Add-On Code?
G0345	Intravenous infusion, hydration; initial, up to one hour	
G0346	Each additional hour, up to eight (8) hours (list separately in addition to code for primary procedure)	Yes
G0347	Intravenous infusion, for therapeutic/diagnostic (specify substance or drug); initial, up to one hour	
G0348	Each additional hour, up to eight (8) hours (list separately in addition to code for primary procedure and report in conjunction with G0347)	Yes
G0349	Additional sequential infusion, up to one hour (list separately in addition to code for primary procedure)	Yes
G0350	Concurrent infusion (list separately in addition to code for primary procedure) report only once per substance/drug regardless of duration, report G0350 in conjunction with G0345	Yes
G0351	Therapeutic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	
G0353	Intravenous push, single or initial substance/drug	
G0354	Each additional sequential intravenous push (list separately in addition to code for primary procedure)	Yes
G0355	Chemotherapy administration, subcutaneous or intramuscular non-hormonal antineoplastic	
G0356	Hormonal antineoplastic	
G0357	Intravenous, push technique, single or initial substance/drug	
G0358	Intravenous, push technique, each additional substance/drug (list separately in addition to code for primary procedure)	Yes
G0359	Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug	
G0360	Each additional hour, one to eight (8) hours (list separately in addition to code for primary procedure) use G0360 in conjunction with G0359	Yes
G0361	Initiation of prolonged chemotherapy infusion (more than eight hours), requiring use of a portable or implantable pump	
G0362	Each additional sequential infusion (different substance/drug), up to one hour (use with G0359)	Yes
G0363	Irrigation of implanted venous access device for drug delivery systems (do not report G0363 if an injection or infusion is provided on the same day)	